

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764696

FILED
Feb 02, 2009
Secretary of State

Entity Name: SILVER THATCH OCEAN CLUB ASSOCIATION, INC.

Current Principal Place of Business:

510 N. OCEAN BLVD.
POMPANO BCH., FL 33062

New Principal Place of Business:

Current Mailing Address:

510 N. OCEAN BLVD.
POMPANO BCH., FL 33062

New Mailing Address:

FEI Number: 59-2341142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, GAIL C
510 N. OCEAN BLVD.
POMPANO BCH., FL 33062 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DANGERFIELD, STEPHEN
Address: 510 N OCEAN BLVD, #406
City-St-Zip: POMPAN0 BEACH, FL 33062

Title: VP () Delete
Name: REID, NIGEL
Address: 510 N. OCEAN BLVD. #505
City-St-Zip: POMPAN0 BEACH, FL 33062

Title: TREA () Delete
Name: PULS, JOHN
Address: 510 N. OCEAN BLVD. #208
City-St-Zip: POMPAN0 BEACH, FL 33062

Title: SECT () Delete
Name: ALBANO, BIAGGIO
Address: 510 N. OCEAN BLVD. #506
City-St-Zip: POMPAN0 BEACH, FL 33062

Title: D () Delete
Name: RUGGLES, RONALD
Address: 510 N. OCEAN BLVD. #411
City-St-Zip: POMPAN0 BEACH, FL 33062

Title: D () Delete
Name: PRIMAS, GEORGE
Address: 510 N. OCEAN BLVD. #410
City-St-Zip: POMPAN0 BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL C COHEN

MGR.

02/02/2009

Electronic Signature of Signing Officer or Director

Date